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**Testimony of Andrew Patterson
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**Before the Committee on Health
Council of the District of Columbia**

**Public Oversight Roundtable on Long-Term Care For District Residents with Complex
Health Needs**

October 15, 2026

Introduction

Good morning Councilmember Henderson and members of the Committee on Health. My name is Andrew Patterson, and I am a senior counsel with Legal Aid DC. We represent clients in many public benefits areas, including those who receive Long-Term Care Services and Supports, such as Personal Care Aide (“PCA”) services through both the Elderly and Persons with Disabilities (“EPD”) waiver program and the Medicaid State Plan.

We applaud the Council for passing the Direct Care Worker Amendment Act of 2023. We hope that as the Act is implemented it will begin to address some of the challenges facing Long-Term Care beneficiaries. But Legal Aid DC continues to see clients who face barriers to receiving the full amount of PCA services they need to ensure that beneficiaries remain safely in their homes. There are several things the Department of Health Care Finance (“DHCF”) could do to address this issue, and to address persistent issues of certain case managers not completing timely EPD waiver renewals for their clients.

The Need for Increased Capacity to Provide PCA Services

Legal Aid DC¹ regularly represents clients involving disputes in the amount of authorized PCA services. We often encounter clients who are not receiving the full amount of PCA

¹ Legal Aid DC is the oldest and largest general civil legal services program in the District of Columbia. The largest part of our work is comprised of individual representation in housing, domestic violence/family, public benefits, and consumer law. We also work on immigration law matters and help individuals with the collateral consequences of their

hours they are authorized to receive, not due to any dispute over medical necessity, but rather, due to the inability of DHCF and Home Health Agencies to provide personnel to fully staff the approved PCA hours.

This problem is particularly acute in the following situations: when a beneficiary receives PCA services through the Medicaid State Plan but is approved for fewer than 8 hours of care per day; when an EPD waiver beneficiary is approved for more than 8 PCA hours, but fewer than 15-16 hours of care per day; or when an EPD waiver beneficiary is approved for more than 16 hours of PCA services per day. Each of these scenarios requires provision of PCA services for shifts that are significantly shorter than 8 hours and these shifts are very difficult to fill. One reason for this is continued staffing challenges facing the Home Health Agencies. There simply is more demand for home health aides than agencies can fill, and beneficiaries who need aides for shifts shorter than 8 hours end up not receiving a home health aide for those hours at all. Additionally, we have consistently heard from providers, case managers, and others that aides employed by the Home Health Agencies understandably prefer to work and be paid for longer shifts of 7 or 8 hours minimum.

DHCF Should Implement a 1915(j) State Plan Amendment to Provide Increased Access to Participant-Directed Services

For individuals in the EPD waiver program, enrolling in Services My Way (a participant-directed care program) is often their best option to find aides to cover shorter shifts. Participant-directed care allows beneficiaries to receive their assistance from individuals, such as family members or friends, who meet certain background and certification requirements.² These individuals often have more flexibility to provide care during shorter shifts than a professional home health aide employed at an agency.

Unlike in the EPD waiver program, beneficiaries who receive PCA services through the Medicaid State Plan are not allowed to utilize participant-directed services. Beneficiaries who are not in the EPD waiver program usually do not need the same intensive assistance with all aspects of their daily activities. They may benefit instead from more limited assistance with more demanding activities, such as bathing or dressing, which generally only happen once or twice per day in the morning and/or evening. Yet as noted above, these shorter shifts of fewer than 7 or 8 hours are consistently the most difficult for Home Health Agencies to full staff on a regular basis. Medicaid State Plan

involvement with the criminal legal system. From the experiences of our clients, we identify opportunities for court and law reform, public policy advocacy, and systemic litigation. For more information, visit www.LegalAidDC.org.

² See DCMR §29-10103.

beneficiaries approved for a lower number of hours may have an incentive to appeal for more PCA hours to increase their likelihood of securing a home health aide, which should be avoided as a practice. DHCF should implement a 1915(j) State Plan Amendment (“SPA”) to allow Medicaid State Plan beneficiaries to increase access to participant-directed services to prevent negative systemic outcomes.

Implementing a 1915(j) SPA will also likely benefit individuals with behavioral or mental health needs, who may find it more challenging to work with a stranger from a Home Health Agency as opposed to a person, such as a family member or acquaintance, they know and are comfortable with.

Finally, adoption of a 1915(j) SPA would also provide increased flexibility for EPD waiver beneficiaries. Because the EPD waiver only covers up to 16 hours of PCA services per day, beneficiaries must receive any PCA hours that go above 16 hours per day through the Medicaid State Plan. Legal Aid DC has encountered clients recently who were approved for more than 16 hours per day but had difficulty finding an aide for the hours that were not provided through Services My Way. Whether these gaps in care are due to the same problem of a shorter shift being unappealing to aides (for someone approved for 18 or 19 hours), or the difficulty in finding care for an overnight shift, in any case participant-directed care offers increased flexibility as compared to Home Health Agencies.

DHCF Should Create Other Financial Incentives to Encourage Home Health Agency Aides to Accept Shorter Shifts

In addition to approving a 1915(j) program, DHCF should implement additional policies to increase the capacity of Home Health Agencies to provide PCA services for shorter shifts. We urge DHCF and the Council to address this gap in coverage. For instance, DHCF could approve reimbursement of home health aides for travel time and costs between shifts, and create other financial incentives for aides to accept shorter shifts.

DHCF and DHS Must Improve the EPD Waiver Recertification Process

Legal Aid DC continues to encounter clients who experience problems and delays with recertification of their EPD waiver coverage. When recertifications are delayed past the end of the certification period, that puts access to their PCA services in danger. In some cases, services have been disrupted due to these delays. In other cases, service disruptions have been avoided by filing an appeal at the Office of Administrative Hearings (“OAH”) and requesting continued benefits.

District of Columbia regulations state that the case manager “shall ensure a beneficiary timely completes Medicaid reassessment as part of the annual recertification

requirements.”³ While many case managers do complete timely recertifications for their clients, others do not. We often see delays or incomplete submissions, which can lead to disruptions in care, and these delays or incomplete submissions are necessarily at least partly the fault of the case manager. We encourage DHCF to closely monitor case management agencies, and mandate additional education and training for lower-performing case managers.

DHCF can take additional steps to simplify the recertification process. For example, we urge DHCF to expand access to the District Direct Partner Portal and DC Care Connect beyond EPD waiver case managers. EPD waiver beneficiaries often have relationships with people in medical provider’s offices, case managers or social workers at core service agencies or other providers, and others who would be willing and able to help them not only gather information, but actually submit renewals online. Indeed, an enrollee in most Medicaid programs can log in to their District Direct account, or share their credentials with a case manager or designated representative they trust, and have that person upload necessary documents on their behalf.

DHCF should also work to make the renewal forms – which is currently over 25 pages long – shorter and less burdensome to complete. Expanding access to DC Care Connect and the DC Partner Portal would allow non-case managers to help EPD waiver beneficiaries submit their (hopefully simplified) renewal documents. This would make it easier for people who are not case managers and may not be as familiar with the EPD waiver recertification process to assist beneficiaries with their renewals and would particularly benefit beneficiaries who cannot trust that their case managers will complete the process on time.

Conclusion

Once again, we appreciate the opportunity to submit this testimony, and to participate in this roundtable. The EPD waiver, and PCA services in particular, are a critically important service in assisting beneficiaries who elderly or disabled with remaining in their homes and avoiding institutionalization. These proposed policies will strengthen the District’s ability to meet that goal.

³ DCMR §29-4224.14.